

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2919

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 2 wks IN ARIZONA 50 yr.		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Maricopa	
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 206 No. LeBaron St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	3. NAME OF DECEASED (TYPE OR PRINT) Joseph Calvin Ault		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married	
DECEASED PERSONAL DATA	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR 12 30 04		8. AGE (IN YEARS LAST BIRTHDAY) 60		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter	
	9B. KIND OF BUSINESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. CITIZEN OF WHAT COUNTRY? U. S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
	14A. FATHER'S NAME Caleb Ault		14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas		15A. MOTHER'S MAIDEN NAME Malinda Elizabeth Elder		15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	
	16. INFORMANT'S SIGNATURE Samuel Richards		ADDRESS Mesa, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 13 1965		13. SOCIAL SECURITY NO. 527-18-9337	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). \$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) (stab wounds, chest) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11:50P M. TO July 15 1965 THAT I LAST SAW THE DECEASED ALIVE ON July 15 1965 AND THAT DEATH OCCURRED AT 11:50P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER		22B. ADDRESS PHOENIX		22C. DATE SIGNED 7/15/65	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Suicide		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home		23C. (CITY OR TOWN) (COUNTY) (STATE) Mesa Maricopa Ariz.			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5-30-1965 4P M.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? See Rick words			
	24A. CORONER'S SIGNATURE J. A. Smith		24B. ADDRESS Court House		24C. DATE SIGNED 7-19-1965			
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 7-19-65		25C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Ariz.	
	26A. DATE REC. BY LOCAL REG. 7/19/65		26B. REGISTRAR'S SIGNATURE R. E. Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE R. E. Johnston		27B. ADDRESS Mesa, Ariz.	
FUNERAL DIRECTOR AND REGISTRAR	28A. EMBALMER'S SIGNATURE R. E. Johnston		28B. EMBALMER'S CERT. NO. 228A					